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Bib Data Sheet

CONFIRMATION NO. 4554

|  |   |                               |   |  |
|--|---|-------------------------------|---|--|
| <b>SERIAL NUMBER</b><br>10/029,590   | <b>FILING DATE</b><br>12/21/2001<br><b>RULE</b>   | <b>CLASS</b><br>709           | <b>GROUP ART UNIT</b><br>2152   | <b>ATTORNEY DOCKET NO.</b><br>20206-128 (P01-3724) |
| <b>APPLICANTS</b><br>Man-Ho L. Lee, Milpitas, CA;<br>Marcelo M. de Azevedo, Round Rock, TX;<br>Cynthia Sakaguchi, San Jose, CA;<br>Farangis Aberg, Cupertino, CA;  |   |                               |   |  |
| <b>** CONTINUING DATA *****</b><br>THIS APPLN CLAIMS BENEFIT OF 60/285,936 04/23/2001  |   |                               |   |  |
| <b>** FOREIGN APPLICATIONS *****</b>   |   |                               |   |  |
| <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b><br><b>** 01/25/2002</b>   |   |                               |   |  |
| Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no<br>35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance<br>Verified and Acknowledged _____<br>Examiner's Signature _____ Initials _____ |   | <b>STATE OR COUNTRY</b><br>CA | <b>SHEETS DRAWING</b><br>7  | <b>TOTAL CLAIMS</b><br>38                          |
|  |   |                               |   | <b>INDEPENDENT CLAIMS</b><br>5                     |
| <b>ADDRESS</b><br>25696  |   |                               |   |  |
| <b>TITLE</b><br>Method and apparatus for detecting and reporting configuration errors in a multi-component switching fabric  |   |                               |   |  |
| <b>FILING FEE RECEIVED</b><br>1362   | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                               | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |  |